

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/269,618

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		10				
2		1					52		10				
3		12					53		10				
4		21					54	1					
5		10					55	1					
6		10					56		1				
7		10					57		12				
8		10					58		10				
9		10					59		10				
10		10					60		10				
11		10					61	1					
12		10					62	1					
13	1						63	1					
14		1					64		10				
15		10					65		10				
16		10					66		10				
17		10					67		10				
18		10					68		10				
19		10					69		10				
20		10					70		10				
21		10					71		10				
22		10					72		10				
23		10					73	1					
24		10					74		10				
25		10					75						
26		10					76						
27		10					77						
28	1						78						
29		1					79						
30		10					80						
31		10					81						
32		10					82						
33		10					83						
34		10					84						
35		10					85						
36		10					86						
37		10					87						
38		10					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46		10					96						
47		10					97						
48		10					98						
49	1						99						
50		1					100						
TOTAL IND.							TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	58					
TOTAL CLAIMS							TOTAL CLAIMS	68					

Best Available Copy